

**GOLF CART/OFF-ROAD VEHICLE
REGISTRATION
TOWN OF VEEDERSBURG**

Owner's Name _____

Owner's Physical Address _____

Owner's Mailing Address _____

Owner's Telephone Number: Daytime _____

Cell _____

Owner's Driver License Number: _____

State _____

Color of Vehicle _____

Serial Number _____

**PROOF OF INSURANCE IS REQUIRED PRIOR TO ISSUING
REGISTRATION**

Insurance Carrier _____ Policy Number _____

Expiration Date of Policy _____

Assigned Number: _____

I have received, read, and understand the "Golf Cart/Off-Road Vehicle Ordinance". I have paid the registration fee, unless registered through the state of Indiana and/or BMV, for the above vehicle. I acknowledge that I will assume all liability and am fully responsible for the operation of the above vehicle on the streets and roads in the Town of Veedersburg. I also acknowledge that the Town of Veedersburg, in providing this privilege, is in no way endorsing the operation of this vehicle on the streets and roads and does not and will not assume any liability in the operation of the vehicle. I agree to indemnify and hold harmless the Town of Veedersburg for any and all liability arising from the use of this vehicle. **I also understand that the Veedersburg Police Department's interpretation of all the rules and regulations are final.** I will insure that the assigned proof of compliance will remain attached to the vehicle at all times. I furthermore insure that I will obey all the rules and regulations set forth by the Town of Veedersburg's Ordinance concerning the operation of this vehicle within town limits.

Owner's Signature _____ Date _____

This registration must be kept with the vehicle at all times

For Town's Use Only

Approved by _____ Title _____ Date _____